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HSP News

Health Services Program

www.jsi.or.id

EDITION 3: APRIL, 2006

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PARLEMENTARIAN SEMINAR ON MATERNAL, NEONATAL AND CHILD HEALTH Our Shared Responsibility



EXECUTIVE SUMMARY

On March 23, 2006, a Seminar on Maternal, Neonatal and Child Health: Our Shared Responsibility was hosted by the Indonesian Forum of Parliamentarians on Population and Development (IFPPD) with support from the U.S. Agency for International Development (USAID) Health Services Program (HSP). The Seminar was attended by members of DPR Commission IX (Health), X (Education) and XI (Budget), provincial governors, members of Commission E (People's Welfare) of the Regional and Municipal/Local Legislatures (DPRD) in the six provinces and 30 districts/cities covered by the HSP of USAID; representatives of Indonesian NGOs active in health advocacy; representatives of the

Ministry of Health; and officers of HSP and USAID, as well as representatives of other donor institutions interested in maternal, neonatal and child health. This seminar constitutes an initial step toward gathering vital input on the improvement of the health of the women and children of this nation.

The objectives of this Seminar were:

- To create a stronger focus on maternal, neonatal and child health problems nationwide;
- To collect data and input on the current situation of maternal, neonatal and child health;
- To accelerate improvement of maternal, neonatal and child health using evidence based data and intervention;
- To establish health priorities based on

The Health Services Program (HSP) is a USAID initiative (2005-2009) providing critical technical and financial support to the Indonesian Department of Health to improve access to quality, integrated maternal, neonatal and child health programs. The HSP cooperates with other partners of the Basic Human Services Program (BHS) in the areas of environmental services (ESP), safe water systems (SWS), nutrition education (DAP), HIV/AIDS (ASA), and education (DBE).

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regulations that are related to health and finance;

- To clarify the role of the executive and legislative branches of government in relation to maternal, neonatal and child health;
- To advocate for increased budgetary allocations for maternal, neonatal and child health;
- To ensure the continued dissemination of deconcentration allocations to each district/regency and municipality; and
- To activate an effective budget monitoring system to oversee the management of allocations by all local executive and legislative bodies for health (MNCH).

BACKGROUND

Over the past several decades since independence, Indonesia has made important progress in improving the health of its populace and in reducing the incidence of mortality among mothers and infants, as well as decreasing the prevalence of malnutrition among children. However, despite impressive gains, every hour two women die due to complications from childbirth, 18 infants expire before that age of one month, and 24 children die before the age of five.

Poverty and lack of access to adequate health services remain the key factors in this ongoing dilemma, with wide disparity continuing between the health status of people from different socio-economic groups and between those living in urban and rural areas.

Even though Indonesia's infant mortality rate has been decreasing since 1992 and now stands at 35 per 1,000 live births, it remains higher than the rates for other countries in the S.E. Asia region. Indonesia's maternal mortality rate, which is 307 per 100,000 live births, is significantly higher than the rates in neighboring countries. Much more of a concerted effort must be made to further lower the high level of infant and child deaths, and decreasing the tragically large number of maternal deaths.

The improvement of basic health services could have a major impact on overall mortality rates since 80-90 percent of maternal, infant and child deaths could be prevented with the

availability of simple technology; the provision of trained health personnel; emergency assistance at delivery; prevention of infection; nutritional guidance and assistance; and immunization at community health centers and their network affiliates.

Although Indonesia's 1945 Constitution, as amended, stipulates that the state is responsible for providing an adequate budget for health services, which traditionally comes from state and regional budgets, as well as



Reginald Gipson (Chief of Party for HSP), Lily Sri Wahyuni (Director of Public Communication of MoH), Sri Hermiyati (MoH), Ina Hernawati (Director of Community Nutrition MoH), Greg Adams (Director of Office of Health for USAID), and Anhari Ahadi (HSP Deputy Chief of Party)

from Perusahaan Listrik Negara, government allocations for health services have averaged about 3 to 3.5 percent annually. In contrast, the World Health Organization (WHO) has recommended that state budget allocations for health should reach levels of 5 to 15 percent.

In July 2005, the Indonesian national legislature/parliament (Dewan Perwakilan Rakyat: DPR) approved the amendment of Law No. 23/1992 on Health, presenting an opportunity for the executive and legislative branches of government, as well as non-governmental bodies and donor institutions, to work toward ensuring that the issue of maternal, neonatal and child health is accommodated in the amended law. Many now believe that strategies for reducing the mortality rates among women and children can be addressed more immediately through formulation of appropriate policy and the allocation of increased levels of funding.

In 2006, the government has increased the health allocation by Rp 8 trillion to Rp 13.5 trillion, with the Department of Health earmarking Rp 500 billion as deconcentration funds (Dekon funds) to be utilized only for maternal and child health, with each regency/district and municipality expected to receive an increased health budget allocation of Rp

1 to 2 billion for this purpose.

In this context, the National Advocacy Meeting on the Maternal, Neonatal and Child Health Program (Seminar on Maternal, Neonatal, and Child Health: Our Shared Responsibility) at the House of Representatives/Parliament (DPR Compound) in Jakarta on March 23, 2006, expects to provide a greater awareness and understanding of the importance of maternal, infant and child health among members of the legislature and the government, both at the central and local levels. This meeting was a part of the ongoing effort of the Ministry of Health, through the technical assistance of USAID's Health Services Program (HSP), to improve the quality of basic health services throughout Indonesia.

SEMINAR PROCEEDINGS

The opening ceremony featured speeches by IFPPD Chairperson Aisyah Hamid Baidlowi; USAID Deputy Director for Office of Health, Greg Adams, and Deputy Chairman of Commission IX of the DPR, Max Sopacua.

Aisyah Hamid Baidlowi emphasized the following points in her opening remarks:

- The health of women and children is an asset for this nation, a valuable investment whose quality and quantity we must assure in order to develop healthy and quality individuals for the future of our country;
- This seminar aims to increase awareness among members of the legislature and the government, both at the central and regional levels, of the importance of maternal, infant and child health; and
- It is imperative that all concerned parties and decision makers demonstrate the political will to establish effective policy and provide larger allocations of funding in relation to maternal and child health.

Greg Adams stated that:

- For over 30 years the Government of the United States and the Government of Indonesia have been partners working to improve the lives of Indonesians. On behalf of USAID, I pledge our continued support and commitment to working with you in reminding all leaders that an investment in the health care sector is an economic and social investment for Indonesia's affluent future.



Aisyah Hamid Baidlowi



Greg Adams



Max Sopacua

Max Sopacua emphasized:

- As we know, parliament approved the amendment of Law No. 23/1992 on Health in July 2005, meaning that we have the opportunity to participate in ensuring that the issue of maternal, neonatal and child health is accommodated in that law;
- The purpose of this meeting is to gather the latest information, to discuss the necessary improvements and to gain a picture of an appropriate level of budgetary allocations for the health of women, infants and children;
- Our decision makers must know that we must make every effort to provide proportional budgetary allocations for health at all levels.

During the plenary session of the Seminar additional evidence was presented by Dr. Sri Hermiyati of the Directorate General of Public Health of the Department of Health; Imam Soepardi, the Budget Commission Coordinator for DPR Commission IX; Eep Hidayat, the Regent of Subang, and Broto Wasisto, consultant to HSP/USAID.

SEMINAR HIGHLIGHT FINDINGS INCLUDE:

- More than fifty percent of Indonesia's population is made up of women, with 66 percent of them of reproductive age, five million women give birth every year. With a mortality rate of 307 per 100,000 live births this means that **two Indonesian women die due to complications from pregnancy and childbirth in every hour that passes**. Indonesia's maternal mortality rate is much higher than the rates in neighboring countries.
- In Indonesia, five million babies are born every year, and with an infant mortality rate of 35 per 1,000 live births this means that **18 newborns expire in their first hour of life or before the age of 28**

days, while 24 children die every hour before reaching the age of five. Indonesia's infant mortality rate remains higher than the rates for other countries in the region.

- **Up to 80-90 percent of maternal, neonatal and child deaths could be prevented with the availability of simple technology at community health centers** and their network affiliates.
- **Poverty and lack of access to adequate health services remain key problems.** Wide disparity exists between the health statuses of people from different socio-economic groups and between those living in urban and rural areas. The infant and maternal mortality rates are highest in villages and among the uneducated, the child mortality rate for the poorest segment of society is four times higher than that for the richest.
- As the nation's population nears 250 million, the government must pay serious attention to the need for increased funding for health. **Without increased funding, the health programs that can reduce the maternal, neonatal and child mortality rates cannot be realized.**
- Although the government increased the health allocation by Rp 8 trillion to Rp 13.5 trillion in 2006, with the Ministry of Health specifically earmarking Rp 500 billion as deconcentration funds to be utilized specifically for maternal and child health at the local level, **health sector funding remains at only 2.4 percent of the overall state budget**, far below the 5 to 15 percent advocated by the World Health Organization.
- There is concern that **the influx of deconcentration allocations may cause local administrations to reduce their levels of contribution to the**

health sector, thus limiting the pace of the planned expansion and improvement of health services.

- Higher annual levels of funding are necessary to guarantee that all hospitals at regency and municipal level can provide competent and comprehensive obstetrics and neonatal care. Funding levels must be sustained and or increased in order for all fertile age women to have access to adequate health services for contraception and to ensure continual health care courage beginning at pregnancy and onthrough delivery, and then to neonatal and child health.

STRATEGIES

The key strategies in reducing maternal, neonatal and child mortality rates are:

1. A strong political will on the part of not only the central government but also on the part of local administrations to establish solid vision and mission guidelines for the formulation of effective policy.



Discussion

2. A strong political will among national and local legislative bodies to leverage existing policies and regulations to accommodate the aspirations of the public and to advocate the rights of local communities.
3. A strong political will at all levels to assure of human rights, to empower women, and to improve social welfare.
4. A strong political will to provide health education to the public.
5. A strong political will to provide adequate numbers of competent human resources for the provision of obstetrics care, the prevention and handling of birth-related complications, the prevention of unwanted pregnancies, and increased coverage of family health services.

6. The provision of adequate facilities, proper management, and appropriate levels of funding for the health sector.
7. Efforts to empower the community through various health programs.

Operational policies toward the reduction of maternal and child mortality in Indonesia cover:

1. Women's health.
2. Provision of professional assistance at delivery.
3. Adequate obstetric care in case of complications.
4. Access to contraceptive services and appropriate treatment in relation to complications arising from miscarriage for every woman of reproductive age.

These policies are to be implemented through the four basic strategies of:

1. Improving access to quality reproductive health service.
2. Establishing effective partnerships, facilitating the empowerment of women, families and communities.
3. Increasing health service system surveillance, and
4. Provision of health information to the public.

The Ministry of Health is committed to:

- Empower the public to live health lives.
- Improve access to quality health care for the public.
- Improve surveillance of health services.
- Provide health information to the public.
- Increase budgetary allocations for health services.

The most effective ways to do this is through formulation of appropriate policy and allocation of increased levels of funding for health.

GOALS

The Ministry of Health is focusing on the reduction of the maternal and infant mortality rates in the period of 2005-2009 through its "Making Pregnancy Safer" and "Child Survival, Growth and Development" campaigns.

By 2009, the Ministry of Health expects to increase:

- national life expectancy from 66.2 years to 70.6 years;
- reduce the overall Infant Mortality Rate (both neonatal and in the first 28 days of life) from 35 per 1000 live births to 26;
- reduce the Maternal Mortality Rate from 307 per 100,000 live births to 226; and
- reduce the prevalence of poor nutrition among children under five from 25.8 percent of the population to 20 percent.

The creation of a **Healthy Indonesia by 2010**.

RECOMMENDATIONS

- Formulate and include articles specifically addressing the problems of maternal, neonatal, and child health in the amendment of Law No. 23/1992 on Health.
- Guarantee that the deconcentration funds allocated in 2006 for maternal, infant and child health services be utilized appropriately in line with set priorities based on scientific data and fulfilling the principles of transparency and accountability.

- The national legislature (DPR) continues to fulfill its role and responsibility for monitoring the implementation of the disbursement and utilization of Dekon health funds.
- Continue DPR support for increasing the annual budget allocation for the Department of Health to 6 percent of the total state budget, and guarantee that funding for maternal, infant, and child health will remain at and not decrease from the levels provided in the 2006 allocations.
- Formulate appropriate policy and allocate increased levels of funding for health.
- Provide increased access for the public, particularly the poverty stricken and people living in isolated areas, to quality health services, including adequate basic services and timely, appropriate referrals, by both government agencies and the private sector.
- Support efforts to revitalize local volunteer health posts (Posyandu);
 - increase the role of the community in improving health through the "Village Alert" program and the "Love Mother" movement;
 - and increase public awareness of health issues and empowering communities to adopt healthy living practices.
- Strengthen of cooperative cross-sectoral, community organization, domestic and international non-governmental networks, as well as networks among professional organizations and health practitioners, to support ongoing efforts that reduce the maternal, neonatal and child mortality rates in an effectively directed and synergetic manner.
- Continue to develop and formulate effective policy and regulations relating to the rights of women and children, as well as to ensure the appropriate and consistent enforcement of the law.

After the closing ceremony, a press conference was held with the mass media that highlighted recent efforts to reduce maternal and child mortality rates and improve overall public health services.

Participants were also given the opportunity to visit the informative displays prepared by the various agencies and organizations supporting the seminar and working with the Indonesian people to improve health services nationwide.



Press Conference